

CHAPTER 13 PLAN
UNITED STATES BANKRUPTCY COURT
NORTHERN DISTRICT OF MISSISSIPPI **CASE NO.**

Debtor Agatha Birks SSN# xxx-xx-9388 Current Monthly Income \$1071.00
Joint Debtor Maggie L. Birks SSN# xxx-xx-1661 Current Monthly Income \$748.00
Address 118 Jordon Ave. No. of Dependents 0
Nettleton, Ms 38858

Telephone No. _____ **TAX REFUNDS AND EIC FOR DISTRIBUTION: \$** _____

THIS PLAN DOES NOT ALLOW CLAIMS. Creditors must file a proof of claim to be paid under any plan that may be confirmed, and the treatment of all secured/priority debts must be provided for in this plan.

PAYMENT AND LENGTH OF PLAN

The plan period shall be for a period of 60 months, not to exceed 60 months. Debtor or Joint Debtor will make payments directly to the Trustee ONLY if self-employed, unemployed, or the recipient of government benefits.

(A) Debtor shall pay \$614.78 per Month to the Chapter 13 Trustee.
A payroll deduction order will be issued to Debtor's employer @: 118 Jordon Ave
Nettleton, MS 38858

(B) Joint Debtor shall pay \$0.00 per _____ to the Chapter 13 Trustee.
A payroll deduction order will be issued to Debtor's employer @: _____

PRIORITY CREDITORS. Filed claims that are not disallowed to be paid in full:
_____ \$ _____ /mo.
_____ @ _____

DOMESTIC SUPPORT OBLIGATIONS (POST PETITION) DUE TO:

PREPETITION DOMESTIC SUPPORT ARREARAGE CLAIMS DUE TO:

HOME MORTGAGE(S)

MTG PMTS TO: VANDERBILT HOME FIRST BEGINNING 6/10 \$459.78/MO ☒ PLAN ☐ DIRECT
MORTGAGE AGENCY @ _____
MTG ARREARS TO: VANDERBILT HOME THROUGH 5/09-5/10 \$6,475.00 \$ 107.92 /MO*
FIRST MORTGAGE @ _____
AGENCY _____
(*Including interest at 0.00 %)

SECURED CLAIMS. Creditors that have filed claims that are not disallowed are to retain lien(s) under 11 U.S.C. 1325(a)(5)(B)(i) until plan is completed and be paid as secured claimant(s) the sum set out in the column "Total Amt. to be Paid" or pursuant to Order of the Court. That portion of the claim not paid as secured shall be paid as an unsecured claim.
* Pay Claim plus Contract Rate or 7.00%, whichever is less; ** Pay Value plus Contract Rate or 7.00%, whichever is less.

Creditor's Name	Collateral	Approx. Amt. Owed	Value	Intrst. Rate	Total Amt. To Be Paid	Monthly Payment
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Debtor's Initials _____ Joint Debtor's Initials _____

SPECIAL CLAIMANTS. (Co-signed debts, collateral for abandonment, etc.) ON ABANDONED COLLATERAL, DEBTOR TO PAY ZERO ON SECURED PORTION OF DEBT. Where proposal is for payment, creditor must file a proof of claim to receive proposed payment.

Creditor's Name _____ Collateral or Type of Debt _____ Approx. Amt. Owed _____ Proposal to Be Paid _____

SPECIAL PROVISIONS for all payments to be paid through the plan, including, but not limited to, adequate protection payments:

Adequate Protection

Creditor's Name _____ Adequate Protection Percentage _____ Adequate Protection Payment _____

UNSECURED DEBTS totaling approximately \$6,302.95 are to be paid in deferred payments to Creditors that have **TIMELY FILED CLAIMS ONLY** that are not disallowed: ☐ IN FULL or ☒ 1 % PERCENT MINIMUM.

Total Attorney Fees Charged \$2,800.00

Pay administrative costs and debtor's attorney fees pursuant to Court Order and/or local rules.

Attorney Fees Previously Paid \$1,226.00

Attorney Fees to be paid through the plan \$1,574.00

Name/Address/Phone # of Vehicle Insurance Co./Agent _____

Attorney for Debtor (Name/Address/Phone #/Email) _____

Denvil F. Crowe

The Law Office of Denvil F. Crowe

Post Office Box 1158

Tupelo, MS 38804

Telephone/Fax _____

Telephone/Fax (662) 844-7949/(662) 680-4816

Email Address croweandassociates@gmail.com

Debtor's Initials _____ Joint Debtor's Initials _____

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DATE: May 4, 2010 DEBTOR'S SIGNATURE _____

JOINT DEBTOR'S SIGNATURE _____

ATTORNEY'S SIGNATURE _____

Debtor's Initials _____ Joint Debtor's Initials _____